



State of New Hampshire
Department of Environmental Services



Application for Lead Risk Assessor

APPLICATION FOR LICENSURE

Type or print clearly in **INK**; attach all required documentation; and sign the application. All sections of the application must be filled in. The signature must be in ink. Photocopies of the signed form are NOT acceptable.

SECTION I
APPLICANT INFORMATION

1. Name: _____
Last First MI
2. Other names under which you have performed abatement: _____
3. Date of Birth: _____ Social Security Number: _____
(For Identification Purposes Only)
4. Address: _____
Street

City/Town State Zip
5. Mailing Address (If different from above) _____

6. Phone: _____
7. Please check the box if your training is not from a New Hampshire certified training provider:
☐ Reciprocity under the provisions of He-P 1603.02

SECTION II
EMPLOYER INFORMATION

8. Corporation or Firm Name: _____
9. Address: _____
Street

City/Town State Zip
10. Mailing Address (If different from above) _____

11. Phone: _____ 12. e-mail address: _____

SECTION III
LICENSING HISTORY

YES NO

☐☐

Have you previously applied for a lead risk assessor license in the State of New Hampshire? If "Yes", please give:

Date of last application: _____

☐☐

Have you ever held a New Hampshire lead risk assessor license?

If "Yes", please list:

Date of last licensure: _____

License number: _____

☐☐

Are you licensed, certified or permitted as a lead risk assessor in any state other than New Hampshire? If "Yes", please list:

STATE	LICENSURE OR CERTIFICATION DATE	LICENSE OR CERTIFICATION NUMBER

☐☐

Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) against you which resulted from lead base substance abatement or inspection activities within the past 10 years? If "Yes", please explain:

SECTION IV
TRAINING INFORMATION

Please complete the section below and attach documentation of the certified lead inspector training courses you have completed.

Course Title	Training Provider	Date of Completion	Exam Grade

Have you taken a third party examination for lead risk assessors? ☐ Yes ☐ No

SECTION V
CHECKLIST OF REQUIRED DOCUMENTATION

- ☐ 1.) Certificates or other documents which have been issued and certified as accurate by the training provider for all lead training courses listed above. ***If you are seeking licensure under the reciprocity provisions of He-P 1603.02, the applicant must include a certified reciprocity training program as provided by He-P 1611.06, and/or a state specific third party examination as specified in He-P 1603.08(d)(2).***
- ☐ 2.) Proof of receiving a score of 70 or greater on a third party examination for lead risk assessors.
- ☐ 3.) A current, clear, and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back of the photograph; or an electronic image in a format that is compatible with the department's current licensing equipment.
- ☐ 4.) If you are seeking licensure under the reciprocity provisions of He-P 1603.02: Originals or photocopies of licenses, certificates or other documents which have been issued and certified as accurate by another state or jurisdiction.
- ☐ 5.) Resumes, letters of reference from current or previous employers, or records of work experience to document the required 15 full inspections and 10 clearance inspections over at least a 3 month period of time under the supervision of a lead risk assessor prior to initial application for licensure.
- ☐ 6.) Official academic transcripts issued and certified as accurate by the relevant educational institution documenting the educational and experience requirements detailed in He-P 1603.06(c)(5).

SECTION VI
STATEMENT OF COMPLIANCE

You must read the following statement and sign on the line provided.

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Act and Rules and meet the qualifications for receiving certification. I further certify that this application is prepared in conformity with the New Hampshire Rules for Lead Control (He-P 1603.03) and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

APPLICANT'S
SIGNATURE: _____ DATE _____

SECTION VII
MAILING INSTRUCTIONS

Send completed application to:

New Hampshire Department of Environmental Services
Bureau of Environmental & Occupational Health
P.O. Box 95
29 Hazen Drive
Concord, NH 03302-0095
ATTN: Marjorie Yin
Phone: 603-271-4555

**DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE OF \$200.00
AS SPECIFIED IN He-P 1603.04(b)(4)**

**CHECKS AND/OR MONEY ORDERS MUST BE MADE PAYABLE TO:
"TREASURER, STATE OF NEW HAMPSHIRE"**